TRICARE Fundamentals Course

Module 9

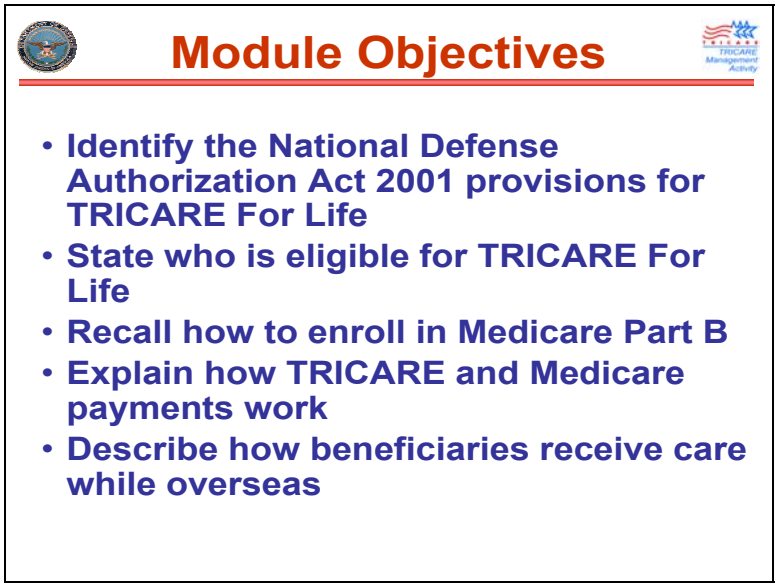
TRICARE For Life

Participant Guide

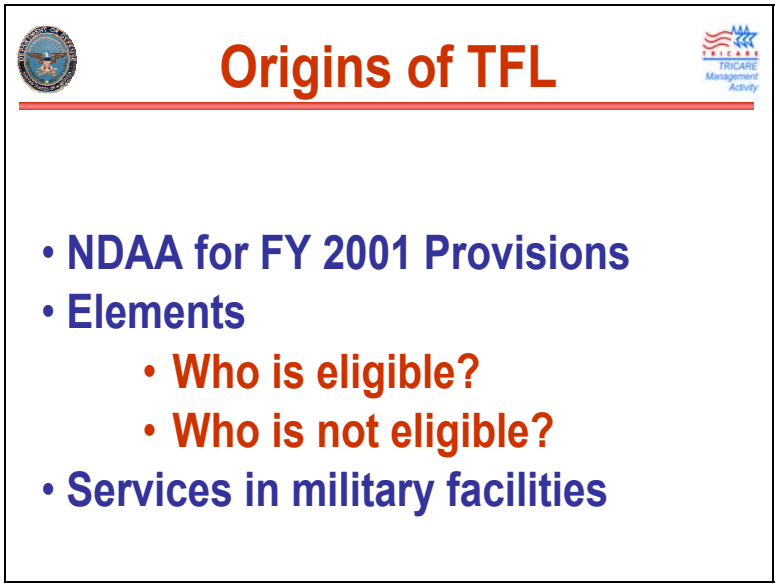
References

32 C.F.R. § 199
National Defense Authorization Act, FY 2001, Section 712
TRICARE Policy Manual 6010.47-M, Chapter 7
TRICARE Reimbursement Manual, Chapter 4
Medicare and You (Updated and Published Annually)
Medicare Prescription Drug, Improvement, and Modernization Act of 2003
www.medicare.gov

Module Objectives



Origins of TRICARE For Life (TFL)



National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2001 Provisions

- Section 711 established a Senior Pharmacy program, implemented April 1, 2001.
- Section 712 extended TRICARE eligibility to seniors, beginning October 1, 2001.
- Section 713 established Medicare-eligible Uniformed Services Retiree Health Care Fund to pay benefits beginning October 1, 2002. This is the accrual fund, but benefits were paid starting in October 2001. The accrual fund addresses benefit costs in the out years.

Medicare

- Medicare Part A (hospital insurance) helps cover inpatient care in hospitals, critical access hospitals, and skilled nursing facilities. It also covers hospice care and some home health care.
- Medicare Part B (medical insurance) helps cover physician services and outpatient hospital care. It also covers some physical and occupational therapists and home health care.

Elements

Eligibility

- As of October 1, 2001, TRICARE eligibility was extended.
- TRICARE For Life is TRICARE's Medicare wraparound coverage available worldwide for the following:
  - Medicare-eligible uniformed services retirees, including retired guard members and reservists
  - Medicare-eligible family members and widows/widowers
  - Certain former spouses if they were eligible for TRICARE before age 65
- Beneficiaries must be entitled to Medicare Part A and Part B to be eligible for TFL.
  - If beneficiary or spouse worked for at least 10 years in Medicare-covered employment, and is 65 years old and a citizen or permanent resident of the United States, beneficiary is eligible for Medicare based on age.
  - *Note:* Beneficiaries that never paid into Medicare will never become entitled to Medicare and retain their eligibility for TRICARE Prime, Extra, and Standard

Under age 65

- Beneficiaries under age 65 and entitled to Medicare Part A and B based on a disability or chronic renal disease:
  - These beneficiaries can choose to remain in TRICARE Prime, Extra, or Standard, or
  - They can choose to use TFL

- Active duty family members under age 65 and entitled to Medicare due to a disability or end stage renal disease remain eligible for TRICARE benefits.
  - Active duty family members who are dual-eligible beneficiaries are not required to have Medicare Part B. However, without Medicare Part B, they are not eligible for TFL.
  - When the sponsor decides to retire, a special enrollment period for Medicare Part B exists any time before the sponsor retires through 8 months following the month in which the sponsor retires without having to pay the Medicare Part B premium surcharge
  - *Note:* Retirees and their family members who are entitled to Medicare based on age, disability, or end stage renal disease must be entitled to Medicare Parts A and B to retain TRICARE eligibility. If they remain in TRICARE Prime, the enrollment fee is waived. However, they are also eligible for TFL.

DEERS

- TFL eligibles must have up-to-date information in the Defense Enrollment Eligibility Reporting System (DEERS) and possess a valid uniformed services identification (ID) card.
- TFL eligibles who do not possess a valid ID card will need to contact the nearest ID card issuing facility to find out what they need to do to update their ID card. If they are unable to travel they should contact DEERS Support Office at (800) 538-9552 for assistance.

Who Is Not Eligible for TRICARE For Life

- Anyone who is not entitled to Medicare Part A and B.
- Beneficiaries who are 65 and over and not eligible for Medicare remain eligible for TRICARE Prime, Extra, and Standard, but are not eligible for TRICARE For Life (no Medicare tie-in).
- Beneficiaries who are 65 and over and fully employed and have not purchased Medicare Part B are not eligible for TRICARE For Life.
  - *Note* the fact that a beneficiary is fully employed is irrelevant to eligibility for TRICARE For Life. What is important is that a beneficiary who is covered by an employer group health plan either by working or from a spouse who is working, will not be penalized for not obtaining Medicare Part B when initially eligible. However, beneficiaries must obtain Medicare Part B when they are no longer covered by an employer sponsored health plan based on their own current employment or that of a family member.
- Beneficiaries 65 and over who are entitled to Medicare Part A only are not eligible for TRICARE For Life.

New for 2004

- A Medicare Part B premium surcharge is 10 percent for each 12-month period that a beneficiary was eligible to enroll but did not.
- As part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Medicare Part B surcharges for uniformed services beneficiaries who enrolled in Medicare Part B in 2001, 2002, 2003, or 2004 have been waived.
  - The elimination of surcharges is effective January 1, 2004.
  - Surcharges paid in 2004 have been refunded.
- Another provision of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 allows uniformed services beneficiaries who previously declined enrollment in Medicare Part B to enroll without penalty during a special enrollment period through December 31, 2004.
  - *Note:* Most beneficiaries eligible for this provision were automatically enrolled effective September 2004. However, we know that our DEERS records are not 100 percent accurate and that some eligible beneficiaries were not automatically enrolled. These beneficiaries should verify their DEERS record and contact the Social Security Office in Kansas City.

Services in Military Facilities

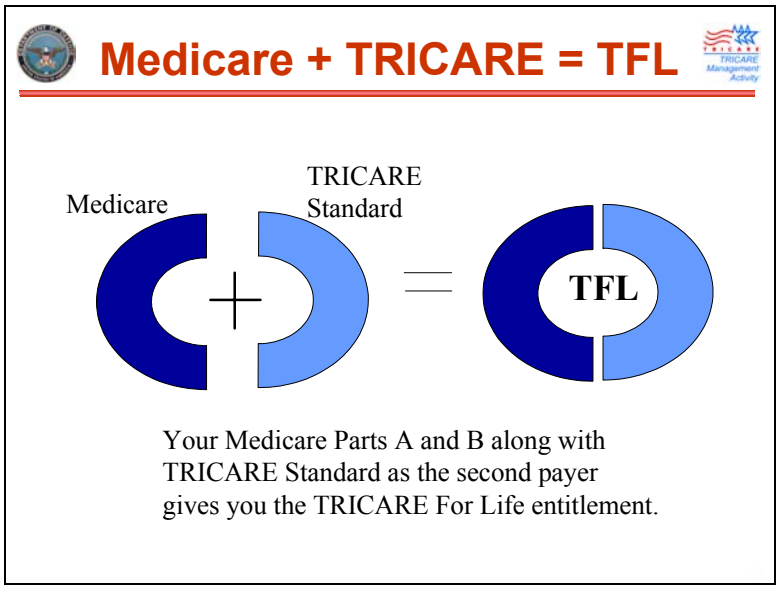
- TFL beneficiaries can continue to obtain medical services at military hospitals and clinics on a space-available basis.
- Under TRICARE Plus, beneficiaries are allowed to enroll in TRICARE Plus for primary care at military treatment facilities (MTFs), based on local MTF availability. There is no charge to be enrolled in TRICARE Plus.

Enrollment in Medicare Part B

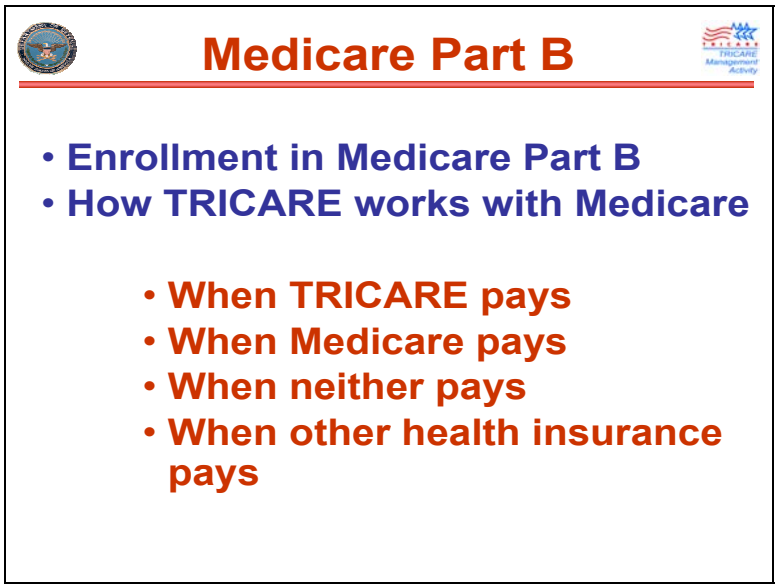
- DEERS automatically notifies eligible TRICARE beneficiaries within 90 days prior to their attaining the age of 65 that their medical benefits are about to change.
- The beneficiary should also be notified by the Social Security Administration (SSA) regarding Medicare entitlement. If not received 30 days prior to turning 65, the beneficiary needs to contact the SSA for assistance.
- For beneficiaries who only have Medicare Part A, the General Enrollment Period for Part B runs from January 1 through March 31 every year.
  - Medicare Part B coverage begins on July 1 of the year in which one enrolls. Meaning, if a beneficiary turns 65 in October, and did not enroll during their Initial Enrollment period, this begins 3 months before and ends 3 months after they turn 65. The earliest that they will be entitled to Medicare Part B is July of the next year if he/she enrolls during Medicare's next General Enrollment Period (January-March).

- While there is no premium for TFL, there is a monthly premium for Medicare Part B.
- For calendar year 2005 the Medicare Part B monthly premium is $78.20.
- Medicare Part B premiums are usually taken out of your monthly Social Security, Railroad Retirement, or Office of Personnel Management retirement payment.
  - If you are not eligible for any of these payments, Medicare sends you a bill for your Medicare Part B premium every 3 months

How Medicare and TRICARE Equals TFL



How TRICARE Works with Medicare



- For services payable by TRICARE and Medicare, Medicare will be the primary payer, and TRICARE will be the secondary payer, paying beneficiaries' out-of-pocket costs, Medicare deductibles, and cost shares – similar to a Medicare supplement.
  - When a beneficiary goes to a provider's office, they should show their Medicare Card and Uniformed Services ID card as proof that they are TFL eligible and have Medicare and TRICARE coverage.
  - When a beneficiary receives care from a Medicare-authorized provider, the provider files a claim with Medicare. Medicare pays its portion and then electronically forwards the claim to TRICARE for payment. TRICARE sends its payment directly to the provider. The provider and beneficiary receive an explanation of benefits (EOB) that indicates the amount paid to the provider.
- For services payable by TRICARE but not Medicare, TRICARE pays, and the beneficiary is responsible for the usual TRICARE deductible and cost shares (i.e., TRICARE Standard and TRICARE Extra rules apply).
  - Example: overseas care, unlimited hospital days, first three pints of blood
- For services payable by Medicare but not TRICARE, Medicare pays as usual, and the beneficiary must pay Medicare cost shares.
  - Example: bone mass measurements, diabetes monitoring, chiropractic care for subluxation
- For services not payable by TRICARE or Medicare, the beneficiary is responsible for the entire cost of care.
  - Example: cosmetic surgery, hearing aids
- For services payable by TRICARE and Medicare where the beneficiary also has other health insurance or a Medicare supplement, Medicare is the primary payer, the other health insurance or supplement pays second, and TRICARE becomes the third payer. If the beneficiary is still working, the commercial insurance pays first, Medicare second, and again, TRICARE pays last.
  - *Note:* We shouldn't see this very often as individuals covered by employer-sponsored health plans based on current employment do not need to enroll in Medicare Part B and therefore would not be eligible for TFL.
  - In these cases, the provider submits a claim to Medicare. Medicare will process the claim and forward it to the other health insurance. TRICARE by law may pay only after all other insurance plans have paid. If money is still owed the provider after the other insurance plan has paid, the beneficiary should submit a claim to TRICARE.

	Services covered by Medicare and TRICARE	Services covered by Medicare but not by TRICARE	Services covered by TRICARE but not by Medicare	Services not covered by either Medicare or TRICARE	Services covered by TRICARE and Medicare and the beneficiary has OHI
Medicare	Medicare pays first.	Medicare pays and beneficiary pays the cost shares.	Does not pay.	Does not pay.	Medicare Pays first.
TRICARE	TRICARE pays second.	Does not pay.	TRICARE pays and beneficiary is responsible for the deductibles and cost shares.	Does not pay.	TRICARE pays last.
Other Health Insurance	Non applicable	Non applicable	Non applicable	OHI pays if they cover the service.	OHI Pays second.

Medicare + Advantage

- Includes Medicare Managed Care Plans and Medicare Private Fee-for-Service.
- Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, it is expected that there will be an increase in the availability of private plans offering benefits to Medicare beneficiaries.
  - TRICARE For Life beneficiaries can enroll in Medicare + Advantage plans and TRICARE will reimburse their copayments.
    - More details about Medicare + Advantage plans are available on the Medicare Web site: www.medicare.gov/choices.

TRICARE For Life will cover the following:
- Medicare Health Maintenance Organization (HMO) copayments for services covered under TRICARE
- Copays for doctor's visits and prescriptions

TRICARE For Life will not cover the following:
- Medicare HMO premiums
- Services not covered by TRICARE
- Routine dental care, eyeglasses, or hearing aids

Why Enrolling in Medicare Part B Is Critical

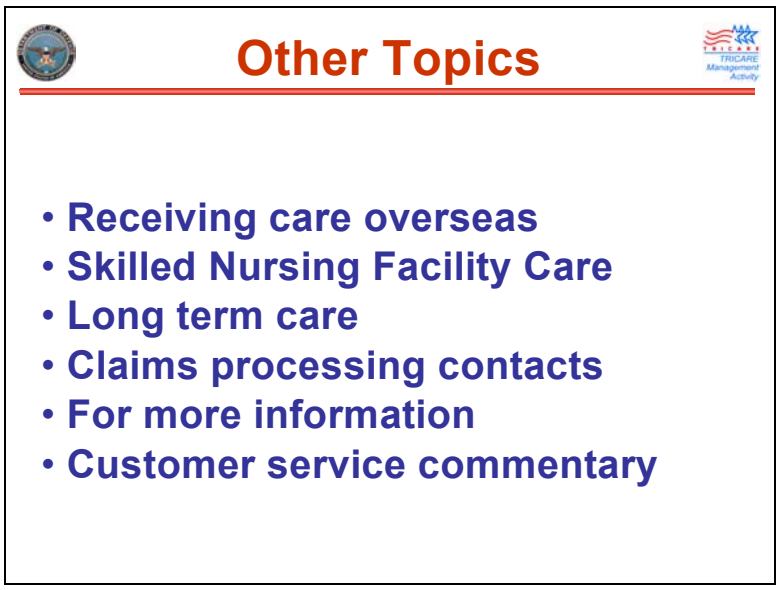
- Beneficiaries cannot participate in TRICARE For Life if they have not enrolled in Medicare Part B.
- If retirees or retiree family members entitled to Medicare Part A only are being treated at an MTF under TRICARE Plus on a space-available basis, and they need to be referred off base for any Medicare/TRICARE service the facility cannot provide, they will be financially responsible for the care received, unless they have other health insurance. TRICARE has no financial obligation.
  - If it were not an emergency, in all probability, service could be refused unless the beneficiary or some member of the family assumes financial responsibility, or the beneficiary has other insurance.
  - Cases exist where families—as the result of accumulated ambulance services, emergency room services, medical bills, and nursing facilities—are incurring huge medical expenses (in excess of $40,000 to $50,000) with no coverage.

- The reasons we are hearing why beneficiaries are not enrolling in Medicare Part B are as follows:
  - They say they can't afford it; it's too expensive.
  - They thought there was no need because of their interpretation of promises made to them.
  - They unwisely did not seek proper advice from SSA officials when making a decision to delay enrolling in Medicare Part B.
  - They delayed enrollment because of accumulated penalties.
  - They have heard from well-meaning groups and politicians that a remedy is in the works.
- As counselors, it is your role to explain thoroughly and accurately that beneficiaries must enroll in Medicare Part B to participate in TRICARE For Life. As mentioned above, serious and financial consequences can result.

Medicare Prescription Drug Benefit

- The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, includes an outpatient prescription drug benefit.
  - Because the TRICARE pharmacy benefits will continue as a separate program, it is unlikely that the vast majority of uniformed services beneficiaries will enroll in the new Medicare pharmacy benefit.
- Beneficiaries who desire to participate in the Medicare outpatient prescription drug benefit should enroll when first eligible.
  - If a beneficiary does not enroll when first eligible, and subsequently desires to do so, an annual late penalty would normally be assessed.
    - However, TRICARE pharmacy benefits are considered a creditable prescription plan under the legislation, and as such, uniformed services beneficiaries who do not enroll in the Medicare prescription drug benefit when first eligible do not have to pay an annual penalty if they subsequently enroll because they involuntarily lost their eligibility under TRICARE.

Note: TRICARE and Medicare will need to establish procedures for coordination of benefits for beneficiaries who do decide to sign up for the Medicare benefit.



Receiving Care Overseas

- A Beneficiary is eligible for TRICARE For Life if he or she is entitled to Medicare Part A and B regardless of where he or she resides.
- TFL is the primary payer for care received overseas as Medicare typically does not provide benefits for medical care received overseas.
- TRICARE For Life will provide the same level of coverage afforded retirees under age 65. The beneficiary will be responsible for the same TRICARE Standard cost shares and deductibles as are paid by beneficiaries under age 65.

For More Information

Pacific:
http://tricare-pac.tamc.amedd.army.mil/default2.htm
Scroll down and click on Retiree
Scroll down and click on brochure

Europe:
Retirees in general: www.europe.tricare.osd.mil/main/PAO/Factsheets/FS11-Retirees.pdf
TFL overseas:
www.europe.tricare.osd.mil/main/PAO/Factsheets/FS12-TFL.pdf

Latin America, Canada, Puerto Rico, and Virgin Islands:
TRICARE Standard: http://tricare15.army.mil/overseas_std15.htm
TFL: http://tricare15.army.mil/tricare4_life15.htm

Skilled Nursing Facility Care vs. Long Term Care

Skilled Nursing Facility Care

Skilled Nursing Facility (SNF) care is a covered benefit under Medicare and TRICARE. A SNF is an institution, or a distinct part of an institution, that primarily provides its' patients medically-necessary, skilled care services, to include skilled nursing care and rehabilitative services. A SNF must be Medicare-certified as a skilled nursing care facility and enter into a participation agreement with TRICARE in order for TRICARE to pay.

Beneficiaries are covered under the Medicare/TRICARE skilled nursing facility care benefits if:

- They have a three consecutive day or more qualifying (medically-necessary) stay in a hospital (not including the day of discharge), and
- They are admitted to a Medicare-certified skilled nursing facility that agrees to accept TRICARE. Admission has to occur within 30 days of discharge from the qualifying hospital stay.
- Under the SNF benefit, Medicare and TRICARE cover ongoing skilled nursing care and rehabilitative (physical, occupational and speech) therapies that are provided at least five days per week in the skilled nursing facility. Other SNF covered benefits include room and board, prescribed drugs, laboratory work, supplies, appliances, and medical equipment.
- While in the SNF, staff carries out periodic assessments (at least every 30 days) of needs to make sure beneficiaries are receiving sufficient medically-necessary, skilled services to meet Medicare/TRICARE defined requirements for skilled nursing facility care coverage.
- To be considered a skilled service, the service must be so complex that it can be safely and effectively performed by only, or under the supervision of, professional or technical personnel.
    - If review indicates that the beneficiary needs enough skilled services to meet the defined skilled nursing facility requirements, Medicare/TRICARE pay the facility a set amount through a prospective payment system. The beneficiary pays for non-covered.
    - If review shows that little skilled care is required, the beneficiary may not meet the skilled nursing facility care coverage requirements.
    - Medicare/TRICARE will only pay for medically-necessary skilled care. Ongoing skilled nursing care and rehabilitative (physical, occupational, and speech), therapies that are provided at least five days per week in a skilled nursing facility are covered under Medicare/TRICARE. Other SNF covered benefits include room and board, prescribed drugs, laboratory work, medically-necessary supplies, appliances, and medical equipment when performed by a skilled, licensed professional.

Dual-eligible

- SNF care coverage for Medicare and TRICARE eligible beneficiaries
  - If other than active duty family member, must have Medicare Part B
  - Coverage requirements are the same as TRICARE
    - 3-day qualifying stay
    - Admission within 30 days
    - A SNF must enter into a participation agreement with TRICARE when TRICARE is primary
  - SNF coverage benefits are the same as TRICARE
  - Medicare covers up to 100 days per benefit period
    - This benefit period begins with the first day (not included in a previous benefit period) on which a patient is furnished skilled nursing facility care and it ends with the close of a period of 60 consecutive days during which the patient did not receive hospital care or was not in a skilled nursing facility.
    - In other words, under Medicare, a new benefit period starts when a beneficiary has not received hospital or skilled nursing facility care for 60 days in a row.
  - TRICARE is the secondary payer
    - TRICARE covers more than 100 days for medically-necessary SNF care upon exhaustion of Medicare SNF benefit

A beneficiary's medical care is reviewed at least every 30 days during the course of his/her skilled nursing facility stay. When skilled nursing care is no longer medically necessary the patient may or may not need further assistance in "activities of daily living" which requires a different type of service called, "Long Term Care." Long-term care is not covered under Medicare or TRICARE.

Beneficiaries with long term chronic conditions or cognitive impairment (such as Alzheimer's disease) usually require long-term care.

Long-Term Care

Long-term care is the variety of services that help people with health or personal needs and activities of daily living over a period of time and include such things as bathing, dressing, using the bathroom, and eating. Long-term care, sometimes called custodial care, whether delivered at home, in the community, in a nursing home or assisted living facility is not covered by Medicare or TRICARE. Beneficiaries need to purchase long-term care insurance to get assistance with long-term care costs.

Your responsibility as someone who interacts with a beneficiary is to communicate the difference between Skilled Nursing Care and Long-Term Care to our TFL beneficiaries and their family members.

Long-term care can include assisting with the following activities of daily living:
- Walking
- Personal hygiene
- Sleeping
- Toileting
- Dressing
- Cooking/feeding
- Medication

Long-Term Care Coverage

Long-term care is not a Medicare or TRICARE covered benefit. Room, board, and the services mentioned under skilled nursing care are not covered under Medicare or TRICARE. A beneficiary needs to ask the facility where a beneficiary is receiving care whether or not the beneficiary is receiving skilled nursing care or long-term care. Long-term care costs are the beneficiary's responsibility or may be covered through the purchase of long-term care coverage through a commercial insurance program or the Federal Long-Term Care Insurance Program (FLTCIP).

The decision to purchase long-term care coverage is a personal one. Beneficiaries need to contact commercial carriers or other organizations to find out what types of long-term care coverage they provide. There are different levels of coverage, some with more benefits than others. The type of coverage and the age at which a beneficiary purchases coverage impacts on long-term care premiums and associated costs. Beneficiaries can call 1-800-Medicare (1-800-633-4227) and request a copy of Choosing Long Term Care; A Guide for People with Medicare (CMS publication number 02223) for some basic information.

You may get questions from beneficiaries about the Office of Personnel Management's sponsored Federal Long Term Care Insurance Program. Refer them to the Federal Long Term Care Insurance Program's Web site: www.opm.gov/insure/ltc/ or www.ltcfeds.com. For those who do not have Internet access, they can get on a mailing list by calling 1-800-LTC-FEDS (1-800-582-3337). The Web site is easily navigated, and can answer many of the questions, which beneficiaries have. In fact, they have a Frequently Asked Questions (FAQ) section to accomplish this task.

For Practice — Eligibility

1. Mrs. White is a uniformed services retiree, has Medicare Part A and Part B, other health insurance, and TRICARE For Life. TRICARE For Life will be the primary payer of her claims. True or False? Why?

2. Mr. Smith is a uniformed services retiree, but is still employed full-time at age 67. Mr. Smith has Medicare Part A but does not have Medicare Part B. He is eligible for TRICARE For Life. True or False? Why?

3. Mrs. Jones is a military retiree who is 70 years old, but never enrolled in Medicare Part B. She is eligible for TRICARE For Life. True or False? Why?

4. Mr. Green is a uniformed services retiree over 65 years old who lives outside the United States. He is entitled to Medicare Part A and Part B. He is eligible for TRICARE For Life. True or False? Why?

Claims Processing

- TFL claims are currently processed by Wisconsin Physician Services, the TRICARE Dual Eligible Fiscal Intermediary.
  - Beneficiaries may call WPS TFL from 7 a.m. to 10 p.m. central time Monday through Friday at (866) 773-0404 or TDD at (866) 773-0405.
  - Beneficiaries can visit the WPS TFL Web site at www.tricare4u.com

Department	Address	Phone	Web Site
Claims Submission	WPS TRICARE For Life PO Box 7890 Madison, WI 53707-7890	(866) 773-0404 TDD (866) 773-0405	www.tricare4u.com
Appeals	WPS TRICARE For Life Attn: Appeals PO Box 7490 Madison, WI 53707-7490	(866) 773-0404 TDD (866) 773-0405	www.tricare4u.com
Program Integrity	WPS TRICARE For Life Attn: Program Integrity PO Box 7516 Madison, WI 53707-7516	(866) 773-0404 TDD (866) 773-0405	www.tricare4u.com
Third Party Liability (TPL)	WPS TRICARE For Life Attn: TPL PO Box 7897 Madison, WI 53707-7897	(866) 773-0404 TDD (866) 773-0405	www.tricare4u.com
Refunds	WPS TRICARE For Life Attn: Refunds PO Box 7928 Madison, WI 53707-7928	(866) 773-0404 TDD (866) 773-0405	www.tricare4u.com
Customer Service	WPS TRICARE For Life PO Box 7889 Madison, WI 53707-7889	(866) 773-0404 TDD (866) 773-0405	www.tricare4u.com

Note: For active duty family members who are Medicare eligible and enrolled in TRICARE Prime; their claims are processed by WPS, not the regional contractor. These family members are no longer eligible to participate in TRICARE Prime after their sponsor retires from active duty.

For More Information

To locate the nearest uniformed services ID card facility, go to www.dmdc.osd.mil/rsl/.

Defense Manpower Center Support Office (DSO)
Telephone Center: (800) 538-9552
Best time to call Wed – Fri, 6a.m. – 3 p.m. (Pacific Time)

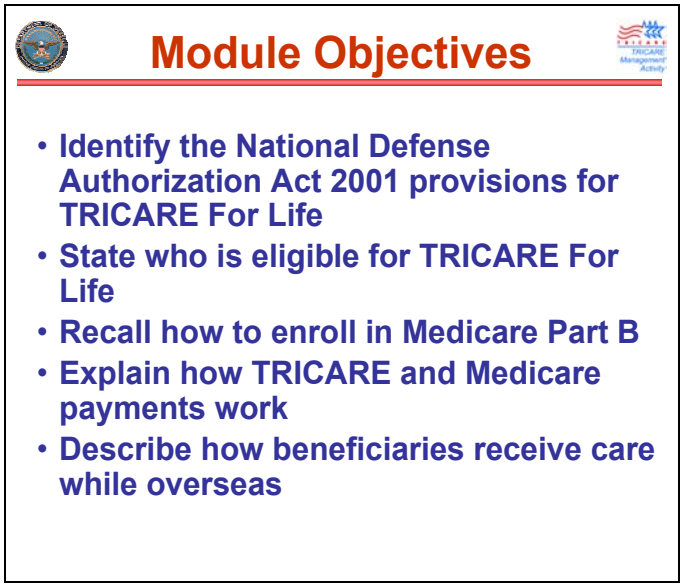
TRICARE For Life www.tricare.osd.mil/tfl
(888) 363-5433 (888-DOD-LIFE)
Frequently asked questions: www.tricare.osd.mil/ndaa/faq.cfm

DEERS
(800) 538-9552
Fax address changes to DEERS at (408) 655-8317.
Mail the address change to the DSO, ATTN: COA, 400 Gigling Road, Seaside, CA 93955-6771.
Go on-line at www.tricare.osd.mil/DEERSAddress/.

Social Security Administration
www.ssa.gov
www.medicare.gov
(800) 772-1213
TTY/TDD: (800) 325-0778

TRICARE Fact Sheets
www.tricare.osd.mil/factsheets/index.cfm

Summary


Module Objectives
• Identify the National Defense Authorization Act 2001 provisions for TRICARE For Life
• State who is eligible for TRICARE For Life
• Recall how to enroll in Medicare Part B
• Explain how TRICARE and Medicare payments work
• Describe how beneficiaries receive care while overseas

TRICARE EXPLANATION OF BENEFITS

Administered by: WPS TRICARE Administration
This is a statement of the action taken on your TRICARE claim. Keep this notice for your records.

JOHN BROWN
123 ABC ST
ANYPLACE, USA 00000

If you have questions about this notice, Please call toll free at **1-866-000-0000**. For TDD, call **1-866-000-0000**. You can also visit us online at www.tricare4u.com

Date of Notice	4/24/2004	
Sponsor SSN	003-00-0000	
Sponsor Name	John Brown	
Patient Name	John Brown	
Claim Number	0040000000000	
Provider Number	1111111111111C001	
Provider Name	Doe Jane MD	

THIS IS NOT A BILL

SERVICES PROVIDED BY	DATE OF SERVICE	AMOUNT BILLED		TRICARE ALLOWED	REMARKS
Jane Doe MD	04/12/04-04/12/04	$90.00		$90.00	
99204 – 1 service					
Total		$90.00		$90.00	

CLAIM SUMMARY		BENEFICIARY SHARE	
TRICARE Amount billed	$90.00	Cost Share/Copay	$0.00
TRICARE Allowed	$90.00	Deductible	$0.00
TRICARE Paid	$10.00	Beneficiary Responsibility	$0.00
Medicare/Other Ins. Allowed	$90.00		
Medicare/Other Ins. Paid	$80.00		
Medicare/Other Ins. Patient Resp.	$10.00		

OUT OF POCKET EXPENSE:

	Beginning Limit	October 1, 2004 Met to Date
Catastrophic Cap	$3,000.00	$0.00
Individual Deductible	$150.00	$0.00
Family Deductible	$300.00	$0.00

Remark Codes:
Payment has been made to the provider of care.

PAID TO	AMOUNT PAID	BENEFICIARY RESPONSIBILITY
Doe Jane MD	$10.00	$0.00

Administered by WPS HEALTH INSURANCE